RECEIPT NUMBER _____   RECEIPT DATE_____

PLUMBING APPLICATION
Town of Southampton
116 Hampton Road, Southampton, New York 11968
(631) 287-5700

Incomplete Applications <u>Will Not</u> Be Accepted

Suffolk County Tax #_____/_____/_____
Street and Number _____
Hamlet _____
Owner of Property_____Phone Number_____
Mailing Address_____

Name of Plumbing Contractor responsible for installation:
Business Name in full:_____ Phone #_____ Fax #_____
Mailing Address:_____
County Plumbing Lic.#_____ Southampton Town Registration Cert. #_____
State Use of Premises: ☐**Residential**   ☐**Commercial**   ☐**Industrial**
Nature of Work _____

$5.00 Per Fixture or Item	Basement	First Floor	2nd Floor	Other	Total #	Total Fee $
air handlers						
bath tubs						
h/w blowers/boilers/space heaters						
central A. C.						
dishwashers						
(floor) drains						
(roof) drains						
hot water supply-oil/gas tankless						
indirect waste						
inground tank installations						
kitchen sinks						
laundry tubs						
Lavatories (bathroom sinks)						
lawn sprinklers						
outside hose bibs						
showers						
slop sinks (utility sinks)						
solar collectors						
stacks (No. of)						
urinals						
washing machines						
water closets (toilets)						
gas appliances						
other ( )						

Minimum Plumbing Fee: $50.00

TOTAL	**TOTAL**

** SUPPLY RISER DIAGRAM AND MATERIAL WITH THIS APPLICATION **
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County of Suffolk)   ss
State of New York)

_____ being duly sworn deposes and says that he/she is the applicant named above.
                (Name of individual performing work)

He/She is the _____ , and is duly authorized to perform or have performed the said work and to
                        (Contractor or Owner)

make and file this application: that all statements contained in this application are true to the best of his/her knowledge and belief: and that the work will be
performed in the manner set forth in the application and in the plans and specifications filed herewith.

Sworn to before me this
_____ day of _____ of 20____   Original Signature of Individual Performing Work :_____

_____   _____
Original Notary Signature and Original Notary Stamp